The Need for Inhalation Reference **Concentration Values** for Acute and Other "Less-than-lifetime" **Exposure Durations**

George M. Woodall and Gary L. Foureman Author(s):

Affiliation(s): U.S. EPA / ORD / NCEA-RTP

ABSTRACT

ABSTRACT

EPA has historically developed reference concentration (RIC) values for non-cancer health effects based solely on a chronic exposure scenario (e.g., continuous exposure: 24 hours/day, 7 days/week for a 70-year lifespan). Emissions of toxic air pollutants, however, do not always result in such a consistent exposure pattern. The need has intensified during the last reducades within the risk assessment community to address health effects from higher levels of exposure to toxic air pollutants that would occur for shorter durations of exposure. This need has increased with the realization by many regulators within the FPA of the relevancy of acute (single exposure, less than or equal to 24 hours) and other less-than reliebilities scenarios to the Agency's mission (i.e., to protect human health and the environment). A variety of conceptional guidelines for acute exposures scenarios to the Agency's mission (i.e., to protect human health and the environment). A variety of conceptional guidelines for acute exposures scenarios to the Agency's mission (i.e., to protect human health and the environment). A variety of conceptional guidelines for acute exposures scenarios to the Agency's mission (i.e., to protect human health and the environment). A variety of conceptional guidelines for acute exposures to exposure exposure exposures that may be specific to a worker population, include considerations in addition to health effects (e.g., monitoring feasibility), and may not necessarily be regarded as safe for the general population. The emergency response guidelines for acute exposures (e.g., Acute Exposure Guideline Levels (AEGLs) and Emergency Response Planning Guidelines [ERPCs]) are designed for very especific scenarios (once-in-alitetime' types of events) with an assumption of only one exposure event. They are not applicable when short-mighter-than-average' exposures occur on a more routine basis nor do they consider exposure to residual levels of contaminants in the periods following a catastrophic release. Th

[The views expressed in this poster are those of the authors and do not necessarily reflect the views or policies of the U.S. Environmental Protection Agency.]

Agency Needs

Both Development of a Methodology to derive Acute and < Lifetime RfCs and the RfC values themselves will support several EPA Programs and Activities.

Program and Regional Offices

Regulatory Analysis

- OAR / OAQPS "Residual Risk" and Community Assessment" Programs
- OAR / OTAQ "Near Roadway" and "In Vehicle" environments
- OAR / Indoor Air Acute effects cause most complaints and lost productivity

Regulatory Support

- Superfund Risk Assessment Guidelines (RAGs) ask for Acute and Chronic Assessments
- Regions Interpretation and evaluation of monitoring data (typically 1-8 hr)

Homeland Security

Acute Exposure Guideline Levels – AEGLs (OPPTS / OPPT)

- Designed for use in Emergency Response Accidental or Intentional Releases

rovisional Advisory Levels – PALs (ORD / NHSRC)

Designed for longer durations than AEGLs
 Needed for all exposure durations (see Figure below)

Safe Levels for Re-occupancy (White House / OSTP / Multi-Agency Subcommittee)

- Evaluating Risks from indoor air exposures
- Potentially repeated exposure Persistence of chemical agent or toxin

Categories of Acute Health Reference Values

(Table from Woodall, 2005)

- Healthy worker population
- Exposures for average work day/week and short-term peaks
- · Consideration of factors other than

- General population <u>not</u> necessarily the "most susceptible"
- Rare, short-term exposures (e.g., once-in-a-lifetime)

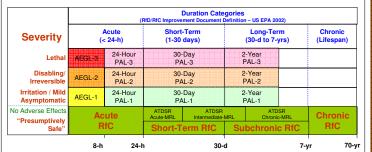
General Public Health Protection

- All susceptible individuals (generally more conservative)
 More routine, potentially repeated
- exposures

Reference Value	Organization	Exposure Duration
PEL - Permissible Exposure Limit	OSHA	8-hour – Time Weighted Average (TWA)
Ceiling	OSHA	Up to10-minute
REL - Recommended Exposure Limit	NIOSH	8-hour TWA
IDLH - Immediately Dangerous to Life and Health	NIOSH	Up to 30-minute
STEL - Short Term Exposure Limit	NIOSH	15-minute
TLV - Threshold Limit Value	ACGIH	8-hour TWA
TLV-STEL - TLV Short Term Exposure Limit	ACGIH	15-minute
AEGL - Acute Exposure Guideline Level	NAC/AEGL; NRC/AEGL	10- and 30-minute; 1-, 4- and 8-hour
ERPG - Emergency Response Planning Guideline	AIHA	1-hour
TEEL - Temporary Emergency Exposure Level	DOE	1-hour
ERG – Emergency Response Guidebook	DOT	Specialized application
MRL - Minimal Risk Level	ATSDR	1-14 days (acute); 15-364 days (intermed.); >365 days (chronic)
CA-REL - Reference Exposure Level	Cal-EPA OFHHA	1-8 hours

US EPA / IRIS

Comparisons between EPA Inhalation Health Reference Values

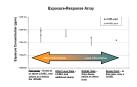


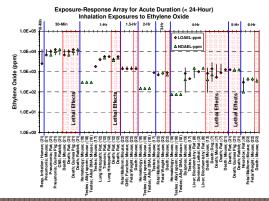
Duration of Exposure

Innovations

EPA - Acute RfC

Assessor to view the relationship between duration and concentration of exposure in one view across multiple studies, species, and endpoints. The figure to the right provides a guide to how data are displayed. The figure below is the example of the Exposure-Response Array for acute Ethylene Oxide exposures (Note: the numbers in the lower x-axis are a key to study references).





Path Ahead Progress and

Example Acute Assessments

- Ethylene Oxide Hydrogen Sulfide Hexachlorocyclopentadiene
- Phosgene

Synthesis Document Preliminary Methodology Documentation

- Based on previous documents (US EPA 2000, 2004)
- Incorporates "lessons learned" from Example Acute Assessments

Exposure-Response Database

- Serves as a centralized "shared resource" being used by NHSRC in PAL development and OPPT
- in AEGL development. Source of data for development
- of Exposure-Response Arrays
 First step toward a more globally
 available resource (Woodall, 2004)

Reviews - Applied to all Documents

- Standard IRIS Agency Review
 OMB Review
 Science Advisory Board (SAB) as the Final External Peer Review
- **Supplemental Documents**

Additional Assessments • Chemical classes not addressed

- (e.g., metals and organo-metals) Seeking Program Office Input on candidates

Additional Issues Reset times – how long between acute exposures is needed to return to

- a "base state" where a similar exposure may be tolerated. Development of duration-appropriate dosimetry metrics "beyond"
- Cn x T and Haber's rule.

- Additional Tools and Guidance on Existing Tools

 Dosimetry Study to inform going "beyond" Cn x T and Haber's rule

 Refinement in approaches to using Benchmark Dose Software (BMDS)
- and the Categorical Regression (CatReg) approach. Final Acute and < Lifetime Inhalation

Being developed in concert with revisions to Chronic RfC Method Expected completion in FY 2008

References

US EPA (2002) A Review of the Reference Dose and Ref Processes, December 2002, EPA/630/P-02/002F

US EPA (2000) Methods for Exposure-Response Analysis for Acute Inhalation Exposure to Chemicals – Development of the Acute Reference Exposure December 2000, EPA 8001R-98/051 Woodal, G.M. (2004) EPA Science Forum 2004, ORD Session 2, June 2 - http://www.apa.gov/ord/serient/erum/2004/prosentations.htm

dall, G.M. (2005) SRA 2005 Symposium (W4): Acute Health Risk Assessment Case Studies and Methodological Issues

lall, G.M. (2005) Acute health reference values: Overview, perspective, and current forecast of needs. Journal of Toxicology and Environmental Health, Part A, 68:901-926

